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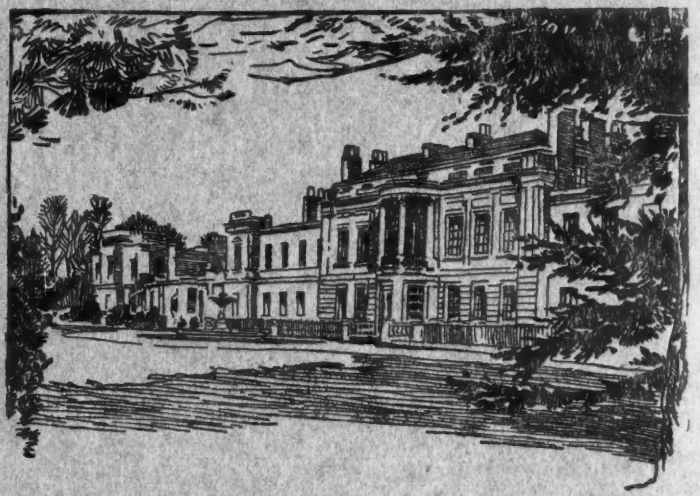

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The Bristol Medico-Chirurgical Journal

" Scire est nescire, nisi id me Scire alius sciret."

WINTER, 1940.

THE TWENTY-NINTH LONG FOX MEMORIAL LECTURE:

BY

PROFESSOR T. B. DAVIE, M.D., F.R.C.P.,

George Holt Professor of Pathology in the University of Liverpool,

DELIVERED IN THE UNIVERSITY OF BRISTOL ON TUESDAY, 2nd JULY, 1940.

THE VICE-CHANCELLOR (Dr. T. LOVEDAY, M.A., LL.D.) *in the Chair.*

ON

POPULAR MISCONCEPTIONS IN MEDICAL MATTERS.

IN my search for a subject suitable for this address, I recalled that several of the more recent Long Fox Lectures were concerned with the medical lore and practices of ancient or primitive peoples. I have therefore been emboldened to attempt a brief survey of some of the commoner present-day misconceptions in medical matters extant among the general population of this country, and where possible to trace the origins of these mistaken notions, many of which bear the fossilized imprint of antiquity.

It is inevitable that misconceptions should arise among the uninitiated in relation to any specialized study, and in general such aberrant views are merely the outcome of simple ignorance. The more specialized and difficult the study, the more elementary or basic are the misconceptions likely to be, and the less liable are judgments or opinions based on them to affect harmfully the holders

of such false concepts. On the other hand the nearer the specialist study approaches the daily life and experience of the general population the more significant become such misconceptions.

The study of medicine is a specialization, which in almost every aspect of its many activities impinges directly on the everyday life of the man in the street: and for this reason misconceptions are liable to exercise important influences on his welfare. It is precisely because the specialization of knowledge in the science and art of medicine in general does not take its secrets entirely beyond the scope of understanding of the lay public that misconceptions of its principles are so dangerous. Some of the ancillary branches of medicine such as radiology, radium therapy, pathology and bacteriology are very widely removed from immediate and constant contacts with the lay man, and his mistaken views on these branches of study seldom do any harm; but the general practitioner has constantly to wage war against prejudice and opposition based on misconceptions concerning even the elements of medical knowledge.

In choosing examples of these common misconceptions I have been guided partly by my own personal experience, but more by the desire to select those which illustrate the processes by which they have arisen. I have also deliberately tried to avoid exposing to the public gaze some of the more serious inaccuracies of medical knowledge which may be found among members of even such a gathering as this; for it is unfortunately true that the finer points of misconceptions in medical matters are rife even among the educated.

The first type of misconception which I wish to consider, as it provides us with an interesting study in analysis, comprises those having a definite element of truth on which has been super-imposed some perversion of reasoning or interpretation. Examples of these misconceptions are numerous and most of them are relatively harmless. The belief that the swallowing of orange or grape pips is the cause of appendicitis is widely held and almost completely erroneous; but it is obviously based on the fact that in diseased appendices are often found small seed-like faecal concretions. Another and equally harmless example is the wide-spread belief that the objectionable smells emanating from drains, stagnant pools, etc., are in themselves capable of conveying infections. Here the basis is obviously a combination of two observations: first, that infected tissues are often foul-smelling, and secondly, that certain infections are air-borne. This simple misconception illustrates well the type of faulty reasoning, manifested daily in every walk of life, by which apparently logical combinations of separate truths lead to faulty conclusions.

Another common and simple example of the misconceptions based on half-truths is the almost universal belief that sitting in draughts is fraught with danger of infections and ills of various sorts. This is so near the truth that action based on the faulty

interpretation of this observation has quite a serious significance; since although it is true that a temporary lowering of vitality by chilling of part or all of the body, such as might result from exposure to draughts, may bring to light or localize a rheumatic fibrositis or even enable bacterial infections to gain a foot-hold, the faulty extension of this truth to the exclusion of fresh air from bedrooms, and more particularly from sick rooms, must have harmful instead of beneficial effects on the health of the nation.

Consider the belief that wounding of the soft web of skin between the thumb and index finger is liable to lead to tetanus. This is almost certainly based on the observation that any deep wound of the hand is liable to be contaminated with street or garden dirt and hence is prone to infection with tetanus spores. But for some obscure reason wounds in this very localized part of the hand have erroneously come to be regarded as particularly fraught with this danger. Not quite in the same class, yet readily intelligible, is the belief that the eating of beetroot is a preventive of anæmia. On the other hand the popular saying that the eating of fish is good for the brain has little to justify it beyond the fact that brain workers, like others, benefit from digestible meals, though the similarity of the white colour of cooked fish and of brain tissue has probably lent support to this belief.

Misconceptions of this simple type in which the element of the half-truth is evident are very widely fostered by the advertisements of proprietary medicines: which, on the principle that it pays to advertise, obtrude themselves daily on our notice from hoardings, through our letter boxes and in our popular press. You are all familiar with them. In many the inaccuracies are obvious even to the untrained, but in others the perversion of the truth is more subtle and elusive. The article advertised may be perfectly harmless and even worthy. The danger lies only in the unjustifiable confidence of the users of these articles in the efficacy of their action, a confidence engendered by the subtle promulgation of pseudo-scientific half-truths without any balancing exposition of the rest of the full truth as far as it is known to us. It is not my intention to discuss the ethics of this form of advertisement, nor am I in the least concerned with the value or otherwise of the advertised article; I wish merely to draw your attention to the process by which these simple misconceptions in matters affecting the health of the individual and the nation are originated and fostered.*

The second large group of misconceptions comprises those in which it is difficult to find the basis of truth, but which appear to be the heritage of the twentieth century from the mysticism and charlatanry of the past. Some of these are frankly accepted as baseless superstitions and are believed and

* This part of the lecture was illustrated by examples of well-known newspaper advertisements.

acted upon only by the very young or the completely illiterate: for example, the ritualistic ceremonies by which children make believe to remove warts.

Though these childish rituals are hardly worthy of being considered as popular misconceptions they provide a link with others, more widely held by adults, which expose just as surely a persistent faith in the occult. A peculiar evidence of this is the unreasoning preference for coloured doctors exhibited by many of the inhabitants of the poorer parts of most of our cities. It need hardly be added that this is practically never taken advantage of by these doctors, and such of them as I have spoken to regret its implications while being amused at its origin. But there are other evidences of belief in the mystical elements in medicine. While charms, scarabs and lucky tokens are regarded by most men merely as childish but harmless indulgences, there are, nevertheless, large numbers of people who daily carry with them some charm not merely "for luck" but specifically to ward off some ill or ailment. These sops to the powers of darkness are often indulged in surreptiously and even shamefacedly, in the full recognition that intelligence and reason are being flouted. The wearing of a ring of plaited elephant's hair as a preventive against rheumatism is one of the commonest.

It is to be noted that the use of these charms is particularly indulged in connection with common diseases, and more especially for those ailments which are known or believed to be beyond the control of orthodox medical skill. It is as though the medical failure is recognized and regarded as justifying the recourse to other, supernatural, sources of help. Rheumatic ailments are peculiarly subject to this mystical form of treatment and many of you must know of some of the commoner charms in use. I personally know a man, brother of a dentist, who always carries a magnet in his trouser pocket to ward off lumbago; and a near relative of mine, a victim of rheumatoid arthritis, was recently urged by two fellow members of her book club to try sewing a piece of raw potato into her clothing.

From this it is an easy step to the wearing of lockets containing various chemical or other medicaments, claimed by their vendors to possess the power of fending off a variety of ills from chilblains to diabetes. Many of these magical lockets, necklaces or belts are sufficiently widely believed in, bought and used, to make it a paying proposition for their manufacturers to expend weekly and even daily enormous sums on large scale advertisements in various newspapers and periodicals.

Numerous other examples could be quoted to illustrate misconceptions in which the elements of mysticism and the power of charms are evident. The belief that a stye on the eyelid can be cured by rubbing it with a wedding ring is based partly on the

mystic healing power of the king of metals and partly on the magic powers of the ring or circle.*

Another common but erroneous belief is that all our tissues are changed every seven years. In this there is the element of truth: our skin and mucous membranes which are subjected to the attrition of daily wear and tear are continually replaced; but there is a complete absence of knowledge of the fact that certain cells of our body, notably our brain cells, are incapable of regeneration. The mystic element resides in the choice of the magical number "seven." In connection with this magical power of numbers it has been suggested that the almost invariable instruction of doctors to their patients to take their medicine *thrice* daily is another legacy from the days of witchcraft and magic.

Probably the most widespread of all medical misconceptions is the belief that in some mysterious way drugs are an essential part of all good treatment. Pills, powders or bottles of medicine are practically demanded by patients. It is as though these drugs are regarded as some form of internal amulet or charm, and the periodical nauseation, griping or other discomfort associated with their taking serve as laudable reminders to the patients that they are getting well. This blind faith in the value of drugs is by no means confined to the ignorant. It is recorded that Thomas Carlyle, hearing of the illness of his friend Henry Taylor, visited him bringing what was left of a bottle of medicine which had benefited Mrs. Carlyle in one of her illnesses.

The search of the alchemists of the middle ages for the elixir of life and for the perfect panacea is still in evidence though under new guise. You will remember the exposure by a well-known weekly periodical of the scandal of a much advertised product some years ago. In that particular case the debunking was based on chemical analysis which revealed the complete absence from the "panacea" of any constituent capable of possessing medicinal properties. To-day the exploitation of the credulity of the public is somewhat more subtle, as the majority of the much advertised and widely used proprietary medicines have definite medicinal value; and while a small proportion of the advertisements may err on the side of exaggeration in respect of the curative and prophylactic properties possessed by the article advertised, the real abuse is attributable to the public itself and is based upon a very common and easily intelligible popular misconception. This consists first of mistaking the symptom for the disease and secondly of assuming that a particular symptom is always evidence of the same disease. In its simplest form this misconception is the basis of the almost universal use of certain household remedies such as castor oil for abdominal pain and aspirin for headache. The pathological conditions causing abdominal

* Is not the *wedding* ring used because it has been blessed by the priest? —Editor.

pain are numerous, and very few indeed are really benefited by the hurried evacuation of the contents of the alimentary canal; the analgesic properties of aspirin can have permanent beneficial effects in only a small proportion of the disease states productive of headaches; but these facts never really affect the reasoning of the sufferer. When, therefore, in the newspaper, which he has chosen for its political colour and not for the standing of the writer of its medical column, our man in the street reads in large print, to the accompaniment of more or less convincing illustrations and personal testimonials, that somebody's purple pills will cure the aches, pains and stiffnesses of joints, he lays in a stock of these; and thereafter administers them to each and every member of the family—to himself for the gout he inherited and has aggravated by an over-indulgence in alcohol; to his wife for her prepatellar bursitis or "housemaid's knee"; to his son for the ankle wrenched at football; to his young daughter for the swollen, painful elbow joint of acute rheumatic fever; to the baby of the family for the tender shoulder of scurvy, and to his aged parents for their creaking joints of osteo-arthritis.

To be fair to our man in the street it should be pointed out that not only is every patient concerned primarily with the pain and discomfort of his symptoms rather than with the actual underlying disease, but also that the medical profession recognizes this fully and regards it as its solemn responsibility to provide symptomatic treatment for the alleviation of suffering: even where the ideal of simultaneous eradication of the basic pathologic changes cannot be attained. Mistaking the symptom for the disease is thus almost inevitable and becomes dangerous only when the obstinate persistence in the use of proprietary or household symptomatic remedies postpones medical investigation of serious diseases.

Closely allied to these misconceptions are some which result from other well recognized processes of faulty reasoning, such as those based on the *post hoc ergo propter hoc* conclusions, and others arising from the apparently irresistible tendency to generalize from a particular. In the absence of close critical analysis most people believe that because they have subjected themselves to treatment of a particular type and have subsequently enjoyed a general improvement in health, therefore *that treatment* was the cause of their recovery. This line of reasoning largely accounts for the popularity of spas and health centres, and is undoubtedly exploited at some time or another by most medical practitioners. There are literally thousands of people who swear by their favourite spa or health centre. In one case it is the drinking of some waters—usually more or less unpleasant, or even nauseating; in another it is some form of bath—radio-active, chalybeate, sulphur or mud. Again it may consist in the wholesale consumption of a particular article of diet—wholemeal bread, grapes or oranges; or

it may depend upon the avoidance of some similar simple article of diet. In all these cases the patient fails to realize that the beneficial results of his course of treatment probably arise from the regime enforced, the regularity and reduced quantity of his meals, or the enforced hours of rest and recreation.

Faith in these stunt treatments is by no means a product of the twentieth century. Howard H. Haggard, in his *Devils, Drugs and Doctors*, refers to these and to faith-healing cults as "revivals of primitive, early Christian, and mediæval practices." He draws attention to the fact that they are all more or less short-lived. The bizarre claims and daringly unorthodox tenets which "impress one generation become merely amusing in the greater sophistication of the next." The seventeenth-century sale of beds which provided painless childbirth or of chairs which prevented rheumatism, was succeeded in the eighteenth century by the "celestial beds," which assured immediate fertility to childless couples. These were duly succeeded in the nineteenth century by treatments which guaranteed longevity; and they in turn have been dismissed with something like scorn, though our B.B.C. still occasionally brings to the microphone some centenarian to tell us the secret of his hundred years. To-day the stunts are less crude and, as previously indicated, have in most cases at least, a semi-scientific basis. It is, however, noteworthy that the modern promulgators appear to be no more able than were their predecessors (*e.g.* James Graham who developed a plan to promote longevity) to profit personally by their schemes.

The popularity of these stunt cures has many affinities with the vogue of faith-healing. It is interesting to note that cure by the laying on of hands, originally the prerogative of the church, passed in the course of centuries by way of the king through his nobles to the common people. The classical example of this is "touching for the King's evil" or scrofula, which is supposed to have started with Edward the Confessor. To-day some of these faith-healing cults have so many disciples that it would be indiscreet to do more than draw attention to the belief which, in one way or another, underlies them all: that orthodoxy is inherently narrow, and that any large professional or artisan class following an orthodox calling inevitably considers its own interests to the detriment of the population it serves. A corollary to this interpretation is, that any opposition by such a closed corporation against those who break away from its tenets is founded on a jealous fear that such unorthodox views will jeopardize the easy tenor of a comfortable and remunerative routine. From this it is an easy step to the assumption, which partakes of a highly satisfying discovery, that the unorthodox view is more probably correct than the orthodox. Oscar Wilde embodied this in one of his conceited epigrams: "When people agree with me, I know I am wrong."

This misconception is not confined to medical matters: there

is hardly a profession against which the accusation of suppression of originality is not levelled, and history is rendered the more interesting by the records of the struggles and eventual victories of the great rebels and revolutionaries. In medicine the names of Pasteur, Lister and Jenner are quoted in support of those who distrust all orthodoxy, and in modern times stage, screen and popular press have greatly fostered these ideas. In such matters it is usually forgotten that any wrong done by orthodoxy in opposing these great originators of new thought and knowledge represents but a small debit balance against the real value of its incessant fight against quacks and charlatans. Opposition to new advances in medical thought is also not the prerogative of the die-hards of the profession. Servetus was burned at the stake for expounding his views, *inter alia*, on the pulmonary circulation ; Jenner's discoveries were ridiculed by the caricaturists, and to-day opposition to medical treatment of one form or another is exalted by thousands to the level of religious fanaticism.

Misconceptions as to the guiding principles animating the orthodox medical corporations are in many minds bound up with the seldom-voiced but often sensed accusation that the art of healing is prostituted to the financial cupidity of its practitioners. The day may be past when the physicians of the land are depicted as rejoicing in the profits accruing from the ravages of epidemics (as caricatured by Cruikshank in his *Cholera Pie*), but this suspicion is still undoubtedly more prevalent than deserved. A mild-natured friend of mine, after visiting an aged and wealthy acquaintance who was slowly dying of cancer, was so affected by his over-sentimental recollections of the old man's sufferings that in an unguarded moment he expressed the view that it was a shame that merely because the man was rich his medical attendants were keeping him alive, whereas if he had been poor they would long since have allowed him to pass out of his misery. The doctor is only too subject to human frailties, but every one who has worked with him in the course of his training and in his hospital and general practice will agree that this accusation is seldom deserved. The very subterranean nature of the antipathy engendered by this misconception as to the relationship between the doctor and his patient is the more regrettable as it becomes so readily linked with wider and largely political conflicts. Not only is the accusation exploited by the antagonists to the present system of medical practice in this country, but through this it becomes part of the great conflict between bureaucratic regimentation of all public and social services on the one hand and individualistic liberty of action on the other.

Perhaps because of the distrust of the "trade unionism" of medicine and the suspected money-grabbing proclivities of its practitioners, there has always been manifest another widespread

PLATE II

ANCIENT METHODS OF HASTENING LABOUR.

DEATH AND THE BRIDE.

JENNER APPLYING VACCINATION.

CHOLERA PIE.

UNIV. OF MICH.

misconception. This is the belief that the medical profession is completely ignorant of a multitude of really valuable medicinal agents and therapeutic measures known to various members of the lay public. On this is founded the popularity of carefully-guarded family remedies, the success of herbalists, bone-setters, cheiropractists, etc., and the phenomenal sales of such books as *Everyman his own Doctor*. It explains, too, the recourse, usually surreptitious, of even the leaders of politics and industry to these quacks, many of whom are strongly reminiscent of the "Jack of all trades" portrayed by Rowlandson (1823) in his caricature of the dentist. These indulgences of the middle and upper classes are generally harmless, but the danger inherent in the practice needs no labouring by me.

In conclusion, I wish to remind you of the numerous misconceptions attaching to the medical aspects of sex, of which the basis is the ignorance and spurious modesty which for centuries shrouded the exact truths of sexual development, conception and parturition. The twentieth century has gone a long way towards dispelling the veil of mysticism and the murk of false teaching which characterized the medical practice of earlier times; but the legacy of prudery and hypocrisy engendered in the lay mind during the earlier times still manifests itself in unexpected quarters. It is true that the youth of to-day has few illusions in these matters, and many a parent has been staggered by the knowledge of his adolescent offspring to whom he has ventured to address a few words on "the facts of life"; but every medical man can testify to the tragedies which often result from completely unnecessary ignorance. The prudery of the seventeenth century, which demanded that the male doctor had to perform the manipulations of his confinement under the cover of a sheet in order to spare the blushes of his patient, has been replaced by an absence of self-consciousness in relation to the female figure which, among other things, has produced nudist colonies and a degree of realism in quasi-medical advertisements which is sometimes disturbing if not alarming. But on the whole misconceptions based on this type of prudery are now seldom encountered and rarely harmful. In the realm of obstetrics, however, the early Greek and Roman practices of hastening and encouraging labour by subjecting the parturient woman to rough handling of one kind or another are still fairly widely indulged in, though not in quite such a systematic manner, with results which are often undesirable or even disastrous.

It is probably in relation to venereal disease that some of the most lamentable misconceptions still exist among the poorer strata of our society. The advance of public health and social services have fortunately taken us far beyond the tragic times of the early sixteenth century, when syphilis spread through Europe to such an extent that Hans Holbein was led to depict gruesome Death jubilant as he accompanies the newly-married young woman to

the bridal chamber. But venereal disease is still sufficiently prevalent to call for an intensive effort to eradicate the numerous misconceptions which continue to foster its spread. I would remind you of only one of these in which the influence of witch-craft is evident and, in particular, that phase of it known as the "transference of the curse." There is a belief in many parts of the country that a man can most easily rid himself of gonorrhœa by having intercourse with a virgin. Unpleasant as are the general implications of this belief, its actual application is most tragic in that it is a common cause of indecent assault on very young girls.

With these few examples I shall leave this subject of common misconceptions in medical matters. It is obvious that there is nothing unusual in their types as compared with misconceptions in other sciences and arts. Probably the only distinction which medicine can claim in this respect is the very large number of mistaken notions which beset it, and I have attempted to find the reasons for their multiplicity. For many of them the medical profession itself is responsible; the lay public believing to-day what the doctors taught yesterday or the day before. It is obvious, too, that while most of these misconceptions are of no real importance, some are definitely harmful, and a few seriously dangerous. For all of them the cure is obviously education, not only in elementary hygiene, dietetics and simple human physiology, but also in the basic relationship of the doctor to his patient.

The illustrations in this article are taken from the book *Devils, Drugs and Doctors* by H. W. Haggard, published by William Heinemann (Medical Books) Ltd., and now available in a cheap edition at 12s. 6d. net.

MIDWIFERY IN BRISTOL.

BY

H. J. DREW SMYTHE, M.D., M.S., F.R.C.S., F.R.C.O.G.,

AND

H. L. SHEPHERD, M.B., CH.M., F.R.C.O.G.,

Consultant Obstetricians, Obstetrical Unit, Southmead Hospital.

THE Maternity Department was first started at the Bristol General Hospital when in 1854 Dr. Joseph Swayne was appointed Physician Accoucheur. The Bristol Royal Infirmary had no special department for midwifery until many years later when Dr. Wedmore was appointed Obstetric Physician in 1887. The departments developed steadily under Aust Lawrence, Newnham and Rayner at the Hospital and under Walter Swayne and Statham at the Infirmary, until in 1936 the Extern and Intern Departments had grown to such a size that they delivered more than two thousand cases, or a third of the total number for Bristol. Thus these two voluntary institutions provided the main maternity services for B istol and its neighbourhood, and more than one hundred thousand Bristolians must have taken their first breath under their auspices.

However, on 31st Decembe:, 1939, the Bristol Royal Infirmary and Bristol General Hospital, recently united as the Bristol Royal Hospital, ceased to undertake the care of maternity cases.

The financial outlay involved in such a service as they had given was very large and the ratepayers of Bristol have been saved many hundreds of thousands of pounds by the work of the voluntary institutions. The Voluntary Hospital Authorities realized that in the present state of financial uncertainty, it would be necessary to decrease their expenditure, and it seemed wiser to give up one department entirely rather than to cut down the work of all departments. If one department had to go, then the Maternity Department was the obvious selection, for Parliament has recognized that the birth of the next generation is not a matter for private charity. Furthermore, there were distinct advantages from the medical and nursing point of view in establishing a single midwifery service in Bristol, with a separate hospital.

The medical staff of the voluntary hospitals, while regretting such a step, realized its neces ity and expressed the opinion that with the co-operation of the Health Committee it might be possible to form one midwifery service based on a new maternity hospital

built on the site of the present one in Southwell Street, Kingsdown, the existing buildings of which were not adaptable to conversion into a modern maternity hospital. The Health Committee, however, after consultation with the Bristol Hospitals' Council, undertook the construction of the maternity unit at Southmead because they thought it would be more reasonable to develop this as the main maternity hospital for Bristol. They had in mind the special recommendation of the Departmental Committee on Maternal Mortality, whose report, published in 1937, expressed the opinion that maternity accommodation should be associated, wherever practicable, with a general hospital, where facilities for diagnosis and treatment are readily available.

The decision to give up maternity work at the two voluntary hospitals appeared to be a very serious one, as these hospitals were concerned not only with the care of Bristol cases but the reception of abnormal midwifery from the surrounding counties and also the teaching of midwifery both to medical students and pupil midwives. The teaching of medical students is of the highest importance, since adequate provision for the practice of midwifery is essential to the existence of a Medical School. The Health Committee, wisely recognizing the importance of these problems, give every facility for consultations on difficult cases at their ante-natal clinics and admit such cases to Southmead Hospital. They have also permitted the residence of medical students at the Hospital, in order to attend cases there and domiciliary cases over a large area of Bristol.

Thus, this re-organization has turned out to be a geographical transfer of patients to modern buildings and the unification of the maternity services of Bristol.

The Bristol City Council approached the Obstetric Department of the University of Bristol to provide a consultative service for the municipal hospitals and this was agreed to, so that the present honorary staff of the Gynæcological Department of the Royal Hospital is responsible for the maternity service at Southmead, both for the patients and for the training of medical students. The training of pupil midwives is shared between Southmead and the Bristol Maternity Hospital, and a district has been allotted to each institution by the Health Committee.

The arrangement of the Obstetric unit at Southmead is as follows: The unit provides 100 midwifery beds, 88 for "clean" cases and 12 in a separate block for "suspect" cases, 4 beds of which are completely separate for cases of puerperal sepsis arising in the unit. It is, however, the policy wherever possible to admit and treat cases of puerperal pyrexia at the Isolation Hospital, where the services of the same obstetric consultants are available. The 88 beds are arranged in two similar blocks of 44 beds. Each block consists of a main block of labour wards, operating theatre, sterilizing and reception rooms and two wings lead off from this block each

having 22 beds. The rooms contain either one or two beds and there is only one room in either wing which contains more, namely three. This three-bedded room was intended for ante-natal cases, but owing to lack of beds at the present time it has had to be used for labour cases. A ward in the main building is now used for ante-natal cases and over-flow labour cases, and a labour theatre has been provided for this ward.

Each block of 22 beds is in charge of a consulting obstetrician who is called on in any emergency and who pays regular visits for clinical and teaching purposes. An Obstetric Tutor lives at the hospital and is in charge of the whole unit, as Senior Resident Officer under the general administration of the Medical Superintendent. The Tutor assists in the teaching of the students and is available for emergencies or advice on cases in the unit or on the district. The Tutor is in charge of the district. There are two resident obstetric officers each in charge of a block of 44 beds under the supervision of the Tutor. These residents hold the appointment for six months and by this means are able to satisfy the regulations of the Royal College of Obstetricians for Membership and Diploma examinations.

The Consultant Obstetricians hold consultant ante-natal clinics at Southmead Hospital and in other ante-natal centres in the city and so link up the obstetric unit with the municipal ante-natal clinics.

Permission has been obtained from the Health Committee for the admission of abnormal midwifery cases from the adjacent counties and a regional scheme for midwifery is now operating in the area. The counties of Somerset and Gloucester are prepared to take financial responsibility for maternity cases admitted to Southmead which are of an urgent nature on account of medical or other reasons, and the Bristol Health Committee have agreed to allow admission of cases which may present obstetric difficulties at confinement.

The whole unit is under the supervision of the Professor of Obstetrics of the University of Bristol, as Director of Obstetrics, and so forms part of the Department of Obstetrics of the University. Medical students do both their intern and district cases from the Hospital under the supervision of the Obstetric Registrar, residing in the Hospital during a period of three months. Nine students live in at a time, six doing intern cases and three on the district. Pupil midwives are trained for the first part of the C.M.B. Certificate at Southmead Hospital and then go to the Bristol Maternity Hospital for the second part. At each institution a Sister Tutor has been appointed for the purpose of teaching pupil midwives.

The obstetric block at Southmead is an ideal modern obstetrical hospital providing facilities for both normal and abnormal midwifery, including operative midwifery. The small wards increase the

patient's comfort and should sepsis occur, prevent its spread to a large number of patients. On the other hand, supervision by the nursing staff is more difficult and an increase in the number of nurses has been found necessary.

The arrangement and equipment of labour and operating theatres is excellent. It consists of reception room, two labour theatres for each 22 beds and an operating theatre for each 44 beds. The only extra accommodation which would have been advantageous is the provision of a room for patients in the first stage of labour, before being taken to the labour theatre.

The present accommodation at Southmead Hospital was not designed to meet the whole needs of Bristol and the adjacent counties, and a further expansion is necessary. The Bristol Maternity Hospital at the present time provides some additional and indispensable accommodation for a large number of patients, and a doctor in general practice may admit cases there where they can be under that practitioner's care. This hospital trains pupil midwives for Part II of the C.M.B. Certificate in its wards and on its district. A second hospital for Part II training is necessary as the Central Midwives Board rule that Part I and Part II training must be carried out at different institutions so that without the Maternity Hospital pupil midwives would have to go elsewhere for this part of their training.

Thus Bristol has the nucleus of a maternity service which links together the University, the Health Department and its medical officers, and the municipal and voluntary hospitals. Its complete development awaits more peaceful times.

INDUCTION OF LABOUR BY HIGH PUNCTURE OF THE MEMBRANES.

A SURVEY OF EIGHTY-SEVEN CONSECUTIVE CASES PERSONALLY INDUCED DURING ONE YEAR—NOVEMBER, 1938—OCTOBER, 1939,

BY

CORALIE RENDLE SHORT, M.B., CH.B., M.R.C.O.G.,

Tutor in Obstetrics, University of Bristol;
Senior Obstetric Officer, Southmead Hospital, Bristol.

PREMATURE induction of labour has, during recent years, become a recognised treatment for many disorders of pregnancy, both obstetrical and medical. However, on studying the literature, it is found that there are several methods by which induction may be performed, some obviously more efficient and practicable than others.

Many American writers, such as Guttmacher and Douglas[1], Wilson[2], Morton[3], Slemans[4], Jackson[5] and Mathieu and Holman[6] prefer the combined technique of pituitary, castor oil, with or without quinine, together with rupture of membranes in front of the head. They vary a little in the order in which the drugs are given. The report of the Committee on Induction of Labour (1939)[7] showed that 100 out of 125 different physicians agreed with this; bags and bougies were generally condemned except in special cases. Wise,[8] in England, gives quinine for three weeks before rupturing the membranes. Pell[9] and Townend[10] use the bougie method of induction. Two writers, Drew-Smythe,[11], [12] who has a special cannula for the purpose, and Tennent[13] have used the high puncture method of rupturing the membranes.

It was found that out of about 2,000 deliveries, between November, 1938, and October, 1939, personally dealt with at St. James' Hospital, London, only 87 needed to be induced. Of these, 47 were primigravidæ and 40 multigravidæ. (A very few emergency cases of lateral placenta prævia, where the membranes were ruptured in front of the head, are not included.) The main indications were

toxæmia, either severe or mild, certain medical conditions, and comparatively few for simple disproportion. This agrees with Tennent: of Drew-Smythe's cases the majority were for disproportion.

TABLE I. REASONS FOR INDUCTION. 87 CASES.

	Primigravidæ 47.	Multigravidæ 40.
Mild or moderate toxæmia ..	18	14
Severe toxæmia or eclampsia ..	5	6
Toxæmia with disproportion	10	4
Toxæmia with twins	—	1
Ante-partum hæmorrhage ..	—	3
Post-maturity	4	7
Disproportion only	6	4
Pyelitis	2	—
Mitral stenosis	1	—
Insanity	1	—
Epilepsy	—	1

NOTE.—Mild toxæmia means blood-pressure raised to about 150/90, and no albuminuria, or a trace of albumin in the urine with a blood-pressure above 125/75 after medical treatment: Severe toxæmia means blood-pressure over 180/110 and over two parts per thousand of albumen in the urine: Moderate toxæmia any condition between the two, where the patient did not improve on rest and diet.

Most of the patients were induced at thirty-nine weeks and onwards—none before thirty-six weeks.

TABLE II. TIME OF INDUCTION.

Induced at.	Primigravidæ.	Multigravidæ.
36—37 weeks	6	8
38 weeks	16	11
39 weeks onwards	25	21

The method is quite simple and only on rare occasions was any difficulty encountered. In ordinary cases no anæsthetic was used, but in very nervous patients and in the severe toxæmic or eclampsia cases, a general anæsthetic was given. During the second half of the year, a combination of hyoscine gr. 1/100 with morphia gr. $\frac{1}{4}$ was given in the labour ward one hour before induction, and the patient left alone to sleep. This proved most successful and did not appear to have any ill effects on the mother or infant. In a few cases, however, the fœtal heart was a little irregular at the time of induction, but it always recovered and never gave rise to anxiety, nor did this account for any of the still-births.

TABLE III. ANÆSTHETIC USED.

	Primigravidæ.	Multigravidæ.
None	20	31
General	10	4
Hyoscine and Morphine ..	17	5

The patient was placed in lithotomy position, and the vulva and surrounding parts very carefully cleansed with dettol, and sterile towels arranged: a catheter was passed. Then a Sim's speculum was placed in the vagina, which again was washed out well with dettol. No volsellum was ever put on the cervix, and dilators were never necessary. A special point was always made of gently dilating the cervix with the finger at induction, and the membranes where possible were separated from it by running the finger round inside the internal os. The special catheter was then passed and the membranes punctured above the head; as a rule about fifteen to twenty ounces of liquor were drawn off. It was found that the latent period before labour started depended a great deal on the dilatation of the os, and hardly at all on the amount of liquor drawn off. In some cases labour started at once; in others, there was considerable delay, but in 64 per cent. of the primigravidæ and 70 per cent. of the multigravidæ, labour had started in less than twenty-four hours. These figures about correspond with those of Tennent, using the same method. If labour had not started in thirty hours, a full medical induction with quinine, castor oil, enema and pitocin was given. Wise and Wilson, who ruptured the membranes in front of the head and gave quinine as a routine, found the latent period under twenty-four hours in 80 to 90 per cent. of all cases, which is certainly quicker. However, we did not give quinine unless it was necessary because so many patients went into labour perfectly well without any further stimulation, and it is not an absolutely safe drug. Leslie Dodds[14] reported 1·45 per cent. fœtal deaths due to quinine alone in a series of medical inductions at the City of London Maternity Hospital. One interesting point was that, whereas in primigravidæ the earlier in pregnancy the induction was performed, the longer the latent period before labour started, in multigravidæ the average time of onset was about the same whether near term or not.

TABLE IV. LATENT PERIOD BEFORE LABOUR STARTED.

	Primigravidæ.	Multigravidæ.
Under 6 hours..	18 (38.3%)	18 (45%)
Under 12 hours	23 (48.9%)	25 (64.5%)
Under 24 hours	30 (63.8%)	28 (70%)
24—48 hours	9 (19.1%)	7 (17.5%)
Over 48 hours	7 (14.8%)	5 (12.5%)

TABLE V. AVERAGE TIME IN HOURS BEFORE LABOUR STARTED.

Induced at.	Primigravidæ.	Multigravidæ.
36—37 weeks	25 hours 30 mins.	17 hours 30 mins.
39 weeks	20 hours 30 mins.	15 hours 30 mins.
39 weeks onwards	12 hours	16 hours

The average duration of labour (excluding three very abnormal cases of primary uterine inertia which would, if included, give a false impression) was 15 hours in primigravidæ and 8 hours 20 minutes in multigravidæ. This is almost identical with the figures given by Wise and very much shorter than in the bougie method of Peel (primigravidæ 32 hours 49 minutes, multigravidæ 18 hours 59 minutes). More interesting still is that labour was a good deal shorter than that given in the report on 14,396 normal non-induced cases at the John Hopkins Hospital, where the average time was 17·59 hours for primigravidæ and 11·75 hours for multigravidæ, showing that induction shortens rather than prolongs labour.

The number of spontaneous deliveries was 90·9 per cent., forceps being applied in 14·8 per cent. of the primigravidæ and 2·5 per cent. of the multigravidæ. In one case only the method failed, and the patient, a severe pre-eclamptic, got rapidly worse, so a lower segment Cæsarean section had to be performed; the mother and child both did well.

There were six still-births, three were in multigravidæ and three in primigravidæ. That is a gross total of 6·8 per cent. This figure at first looks rather high, but of the three primigravidæ, one death was due to eclampsia, one was a difficult forceps delivery of a ten-pound baby, and the third was an emergency case from another hospital who had had two previous quinine and pitocin inductions there. The multigravidæ comprised one case of severe accidental ante-partum hæmorrhage; one was the first twin in a severe toxæmia, and in one case only the cause was unknown and might possibly be due to the induction, so giving a corrected figure of two cases (one rather doubtful) or 2·3 per cent. still-births. It should also be taken into account that many of the cases were for toxæmia. Comparing this result with others, Tennent gives a corrected figure of 3·53 per cent., Wise of 3·1 per cent., and in the 14,396 normal cases at the John Hopkins Hospital the number given is 5·08 per cent. still-births. As one of the chief arguments against induction is that the still-birth rate is increased, we feel that considering the low figure actually recorded, and the number of potential still-births that might have occurred had the patient not been induced, induction is quite justified in carefully chosen cases. The neo-natal deaths were two (2·3 per cent.), both in multigravidæ; one was a case of

severe toxæmia, the other followed an external version in a mentally deficient patient with severe epilepsy who had no idea of her "dates." Practically all the other babies did well, and were not unduly small.

Another main criticism against induction is that it causes puerperal sepsis. In this series, there was a gross total of 16 per cent. puerperal pyrexia, taking the standard as 99·6° F. (not 100·4°). The causes for the pyrexia are shown in Table VII. In two cases only was there no other cause except the induction (corrected total 2·3 per cent.) and neither of these cases was notifiable as the temperature did not go above 100·4° F.

TABLE VI. WEIGHTS OF THE BABIES AT BIRTH.

Weight.	Primigravidæ.	Multigravidæ.
3 lbs.	—	3
4 ,, ...	3	4
5 ,, ...	6	4
6 ,, ...	15	13
7 ,, ...	17	2
8 ,, ...	2	9
9 ,, ...	2	2
10 ,, ...	1	1
	+1 unweighed	+2 unweighed

TABLE VII. PUERPERAL PYREXIA (ABOVE 99.6° F.).

Cause.	Primigravidæ 10.	Multigravidæ 4.
Urinary infection	3	2
Forceps deliveries	4	1
Cæsarean Section (stitch abscess)	1	—
Retained cotyledon	—	1
Induction the only interference	2	—

There were no maternal deaths. In comparison with other writers, Tennent reports a sepsis rate of 3·08 per cent., with 2·8 per cent. maternal mortality: Drew-Smythe 3·9 per cent. morbidity with 1·95 per cent. mortality, both using the cannula method. Wise had two deaths and 2·7 per cent. notifiable pyrexia after rupturing the membranes in front of the head. Wilson, with the same method, had a 3·9 per cent. maternal mortality, and 7·6 per cent. pyrexia, whilst Peel, using bougies, had one death and 48·8 per cent. of his cases had a temperature over 99·6°. Against all this,

Mathieu and Holman in 750 non-induced cases, had a mortality of 0·27 per cent., and puerperal pyrexia 6·6 per cent.

Therefore it may be said that inducing labour by rupturing the membranes in selected cases is a commendable procedure. The high puncture method is simple to perform after a little practice and does not usually require an anæsthetic. Its only disadvantage is that labour may be longer in starting than when the membranes are ruptured in front of the head. It is important that the bladder should be empty and that the finger should guide the cannula all the time, otherwise it might theoretically be possible to damage the bladder, to push the cannula through the uterus or to dislodge a low-lying placenta. In one case only was there any considerable bleeding at the time of induction, but it soon stopped and neither the mother nor the infant came to any harm. Many writers point out the dangers of prolapse of the cord, but it never occurred in this series, probably because so few were done for disproportion. The method also was efficient : in only one case was there a failure. The mothers like it better than puncturing the membranes in front of the head because they are not always " wet " afterwards ; in most cases where the head is engaged in the pelvis there is practically no leakage of liquor. The length of labour is actually shorter than normal : it is not prolonged in any way. The amount of operative interference necessary is also much less in cases that are induced, and if Cæsarean section ever needs to be performed afterwards, provided the induction was carried out under strict aseptic conditions, the risk of sepsis should not be greatly increased. Probably it is less with high puncture than with low, because there is not likely to be ascending infection from the vagina.

The main objections to induction are that the maternal morbidity and mortality are increased because of the risk of sepsis, the still-birth rate is higher, and a lot of premature infants are born. It has been shown that this fear is ungrounded because, in this series, more than half (50·5 per cent.) were induced for toxæmia, and 12·5 per cent. of these had very severe toxæmia or even eclampsia, and would probably have had small babies anyway. The most debatable point is, however, whether or not induction should be performed in primigravidæ for pure disproportion with no other complication. Only six cases out of a total of two thousand deliveries in this hospital were so induced although Drew-Smythe recommends the practice.

No method of induction is perfect, but we did not find the sepsis or still-birth rate materially increased. The babies were nearly all a reasonable size, and they did well. On these grounds this method of induction is to be recommended.

I wish to express my thanks to Dr. Allen Daley, Chief Medical Officer of the London County Council for allowing this article to be published ; also to Mr. R. L. Dodds for his kind help and advice.

REFERENCES.

1 Guttmacher, A. E., and Douglas, R. E., *Amer. Jour. Obstet. and Gynæcol.*, 1931, xxi. 485.

2 Wilson, L., *ibid.*, 1934, xxvii. 329.

3 Morton, D. J., *ibid.*, 1933, xxvi. 323.

4 Slemans, J. M., *ibid.*, April, 1932, xxiii. 492.

5 Jackson, D. L., *Trans. Amer. Assn. Obstet., Gynæcol. and Abd. Surgery*, 1928, xli. 315.

6 Mathieu, A., and Holman, A., *Amer. Jour. Obstet. and Gynæcol.*, 1937, xxxiii. 268.

7 "Report of the Committee on Induction of Labour," *ibid.*, 1939, xxxvii. 873.

8 Wise, E. C., *Brit. Med. Jour.*, 1939, i. 665.

9 Peel, J. H., *Lancet*, 1936, i. 935.

10 Townend, E. M., *Brit. Med. Jour.*, 1929, ii. 1197.

11 Drew-Smythe, H. J., *ibid.*, 1931, i. 1018.

12 Drew-Smythe, H. J., and Thompson, J., *Jour. Obstet. and Gynæcol. British Empire*, 1937, xliv. 480.

13 Tennent, R. A., *ibid.*, 1938, xlv. 509.

14 Dodds, R. L., *ibid.*, 1931, xxxviii. 827.

THE BOMBING OF BRISTOL.

THE first air attack on Bristol came in July and by night. Few bombs were dropped, one just missing the Eye Hospital and demolishing the house next it. Brislington sustained damage and some casualties. Desultory attacks followed, two or three "alerts" every day or night being usual, but the damage was insignificant.

In September, a mid-day mass attack was delivered. No serious damage was done, but there were a number of casualties. The raid revealed defects both in the arrangements for treating casualties on the spot, and in the methods of transport adopted. Adequate preparations for an incident of this kind require a medical director of experience, with good organizing ability and the capacity for getting done what he considers essential. A similar attack, two days later, was broken up by our fighters, one of the attacking machines being shot down in the grounds of Fishponds Mental Hospital.

One Sunday in November, a very heavy night attack was delivered on Bristol itself, many hundreds of incendiary bombs being followed by successive waves of high explosive. Large fires were started. Up to the time of going to press there have been several such attacks. It would be idle to deny that considerable material damage has been done in the centre of Bristol, and some of the main shopping thoroughfares, as well as many streets of small houses. Fortunately the first attack was on a Sunday when the streets were comparatively empty. Casualties have been astonishingly light considering the intensity of the raids, and the E.M.S. organization operated without a hitch.

As recently as last May, the date for the transfer of departments consequent on the amalgamation of the Royal Infirmary and the General Hospital was discussed: a "minority" favoured postponing this change, the contention being: (1) in any case a large re-organization will be necessary after the war; (2) during and immediately after any heavy attack communications by the bridges and narrow streets in the centre of Bristol must be precarious; (3) it is unwise to assemble the entire equipment of any one department where a single unlucky bomb could destroy the whole; and (4) the General Hospital building amidst factories and warehouses, and surrounded by river, dock, railway and wharves is "strategically" very bad. But ἡ Ἀνάγκη prevailed. In the second big raid most of the windows of the Hospital were broken and doors were blown in. The Children's Hospital had a similar experience. When incendiaries fell on another hospital very little damage was done owing to the excellent "fire-fighting" by staff and patients. Thanks to the untiring and undaunted efforts of staffs and ambulance drivers the removal of patients from various institutions was carried out during the hottest period of raids without casualty.

The University Great Hall has been gutted, and therein the library of the Faculty of Theology from King's College: and among other damage the whole of the Anatomy building and its contents were

destroyed. Fortunately the University libraries, including the Medical, escaped, and it is hoped to distribute the valuable books in less dangerous areas. St. Peter's, with its quaint carvings, the first Poor-Law Hospital in the country (1696–1852), has perished.

The destruction of large drug houses in the centre of the city has hampered professional work. Very many citizens whose houses were intact, or at most without window glass, found that the cutting off of water supplies was a real nuisance. Not only had water to be fetched in jugs and boiled before use: but the sanitary arrangements of a modern house are dependent on ample water supply. Fortunately the warnings issued by the public health department were effective, and water-borne infection has been avoided. When mains and sewers are broken in the same crater the risk of contamination must be considerable.

The E.M.S. arrangements for such a situation have been brought into operation. A general hospital has been opened, the patients being taken to and from Bristol by ambulance; it is hoped to obtain additional accommodation shortly. The General Hospital has been repaired. The work of the out-patient departments has never been interrupted.

We have learnt several valuable lessons from these raids. First and foremost, the damage from even the heaviest high explosive bomb is usually very local. "Blast" injuries have not been troublesome, and those under cover have little to fear unless the bomb falls exactly where they are sheltering. The second lesson is how very crippling to hospital work is interference with roads, telephones, gas, above all water and electricity: it is essential to make provision for the work to be carried out well away from areas that are likely targets for intensive bombing. In the third place, as experience has demonstrated (and as a group of them has pointed out), far greater use could be made in first-aid work of the doctors on the spot, or in the vicinity of incidents—if they are provided with the essential equipment.* It is unsound to rely exclusively on help being despatched from a central depot, for during an intensive raid many streets may become simply impassable. Finally the population has stood up well to the physical and nervous strain. There have been very few cases of neurosis; and mental disease shows an actual decrease. Bristol is being tidied up and work is being resumed after an amazingly short delay.

Our Society, however, overtaken at the declaration of war by a profound lethargy from which it seemed about to emerge, has sunk back into a completely comatose condition.

* Since these notes were printed, March 1st, arrangements have been made to remedy this defect.

THE SHELTER PROBLEM.

EARLY in September, 1940, the Government's attention was drawn to the danger to the public health caused by the conditions of many of the large public shelters. A small Committee to inquire into this state of affairs, and to make recommendations, was set up jointly by the Ministry of Home Security and the Ministry of Health on 14th September, with Lord Horder as Chairman.

The crux of the position in its physical aspects was gross overcrowding. For this the remedy was, of course, dispersal, and the various ways in which this could be effected were dealt with in the recommendations of the Committee—by popularizing the domestic and communal shelters, by improving their amenities, by restoring the popularity of the Anderson shelters, by reconditioning them where this had become necessary, by combing the Boroughs for alternative large basement shelters of a type the public affect and, if needs be, by requisitioning factory basements, and by urging evacuation of children, the aged and the infirm to the limits of the voluntary basis. But inasmuch as dispersal involved a long-term policy, and it was imperative to combat the hygienic hazard at once, a short-term policy of conditioning the large public shelters in respect of ventilation, sanitation, bunking, the provision of medical-aid posts, daily medical inspection and the appointment of paid shelter wardens, was also urged. Unfortunately, it had been no one's business to bring these places under control, to inspect them, or to fit them for the purposes to which the public was putting them.

In the ordering of this difficult problem Lord Horder's Committee has been able to exercise a considerable personal influence, collectively and individually, and has also been able to keep up a sustained attack upon the more serious dangers and delays. By unremitting personal attention, by frequent visits to shelters, by interviews with Ministers and Regional Commissioners, and by actual contact with officials, it has proved possible to hasten considerably the implementation of the Committee's recommendations.

The " hard core " of the shelter population presents a problem of a wider sort than the mere threat to the common health through gross insanitary conditions. This is the problem of the slow emergence of the slum habitué from the casual shelterer, and the tendency of a merely opportune device for affording protection from air attack to develop into an underground residence. Clearly this matter overlaps very definitely with public health interests.

New abuses arise, hydra-headed, in these large public shelters almost whilst one is looking, and they must be dealt with promptly and firmly in the interest of the common health. Control is the key to the situation.

Obviously every public shelter should be either recognized and scheduled or disallowed. The worst conditioned shelters to-day are neither coded nor closed down. They are a sort of no man's land, and

this abuse tends to increase, so that mere protection is not, in some of them, their chief *raison d'être*.

The shelter situation presents essentially a task for administrative medicine. By administrative medicine is meant, primarily, the work of the Medical Officers of Health and their staffs. More and more does Lord Horder's Committee look to these men and women for the implementing of its recommendations. Not directly, because they are the servants of their Local Authorities, but their indirect influence cannot be over-estimated. However, in dealing with the shelterers themselves, and in stimulating these people to an attitude of self-help, the doctor's influence is second to none. Shelter life to-day is providing a unique field for health education and it behoves us to explore it to the full.

Dr. R. H. PARRY, Medical Officer of Health for Bristol, has very kindly furnished the following notes :—

The greatest difficulty in the shelter " problem " is the adjustment of the balance between considerations of health and physical safety from bombs ; in many ways these two are incompatible. There are these main groups into which most types of shelters, other than domestic, may be placed.

1. Standard surface shelters built by Local Authority according to Ministry of Home Security specification.
2. Cellars, basements, church crypts, factory shelters.
3. " Natural " shelters—tunnels, caves, disused workings, railway arches.

It is the duty of the Local Authority to schedule all public shelters, but before scheduling any shelter the Local Authority must be satisfied that the required standard of protection and hygienic safeguard are secured. Difficulties arise with the second and third groups, and especially in the third group, which shelters in many cases do not give the standard protection and cannot be sufficiently adapted to give reasonably hygienic safeguards. As far as the Local Authority is concerned, it has full control over all shelters which it has built itself under the Ministry of Home Security instruction, and over those shelters which it has requisitioned or taken over from firms, factories and other sources. There are certain private firms which own shelters in factories which have offered accommodation to the general public during certain hours. The Local Authority has no power to interfere with the conduct of these shelters unless it requisitions them, and in this connection it must be noted that certain firms, including Government departments, cannot be dealt with in this way by the requisitioning powers of the Council. However, as a general rule, such shelters are good ones, and it is in the firms' own interests that discipline in them is good. The real trouble arises with the so-called " natural " shelters—Group 3. In many cases the public have great faith in these shelters, even though this faith is not supported by expert engineering opinion as to safety. Such shelters do not lend themselves to alteration for hygienic or sanitary purposes, and the results are often deplorable. Indeed, some of these shelters, for

example disused workings, may be so impossible of adaptation, that nothing can be done.

Within the limits here set out, the Local Authority has great powers. It can regulate the number of people to be admitted to a shelter and the number sleeping in a shelter, and it can regulate the admission of people suffering from infectious disease or who are verminous or offensively unclean. Bunks are provided for sleeping, and the Council allocate tickets for each person occupying a bunk.

The Council will not schedule any shelter as a public shelter unless it conforms to the standard of protection laid down, and hygienic safeguard secured. The Medical Officer of Health has the power to inspect those shelters scheduled by the Council. With those not so requisitioned, power to inspect and control would only be possible should it be necessary for the prevention of disease.

With regard to the provision of medical aid, twelve medical practitioners have been appointed—two for each division or district, *i.e.* Clifton, St. George, Central, Shirehampton, Knowle, Bedminster. These doctors will be on call for the shelters in their district for emergency purposes mainly (including confinements) and must be summoned by a responsible officer, *i.e.* Police Officer, Warden, Shelter Marshal, and not by individual members of the general public. In addition, they may be required by the Medical Officer of Health, from time to time, to visit the shelters for routine health inspection purposes. Forms have been provided, obtainable from Shelter Marshals, which must be filled in by the visiting doctors, giving details of patients seen and the action taken. These report forms are then sent to 40 Prince Street for record purposes and to enable the Medical Officer for the Shelter Management Committee to keep in touch with outbreaks of infectious disease and illness generally in the shelters.

About twenty Medical Rooms or Medical Aid Posts are being constructed in various shelters ; auxiliary nurses will be appointed to co-operate with the doctor and carry out any *minor* treatment necessary to the occupants of the shelter. It must be clearly understood that these Medical Aid Posts in shelters are *not* intended to be used for treating air-raid casualties or street accidents, but solely for the use of the occupants, *i.e.* examination of patients, temporary isolation in some cases and first-aid treatment only for illness or minor injury occurring in the shelter. The doctor attending a patient requiring admission to hospital (including maternity cases) will telephone Central Control for an ambulance.

Recently, the Regional Commissioner has made rules giving powers to the shelter doctors to :—

1. To require a person suspected of infectious disease to submit himself to medical examination.
2. To require a person found by the medical officer to be suffering from infectious disease to be isolated temporarily in the shelter.
3. To require the removal of such person to hospital or to his home or some other suitable place, as the medical officer may consider necessary.

Reviews of Books

Landmarks and Surface Marking of the Human Body. Eighth Edition. By L. B. RAWLING, M.B., B.C., F.R.C.S. Pp. viii., 98. Illustrated. London: H. K. Lewis & Co. Ltd. 1940. Price 8s. 6d.—This book has been well known to generations of students as the standard work on the subject with which it deals, to which statement ample testimony is forthcoming in the fact that this is the eighth edition, and that the first appeared as long ago as 1904. While the facts it contains, and the way they are set out, remain as of old, there is one important alteration in the shape of the adoption of the British Revision of the B.N.A. Terminology. This step will probably appeal to the majority of readers, although there will no doubt still be a not inconsiderable minority who would have preferred to make no change. As to the subject-matter, the book contains, as before, all that need be known of the subject, set out in the simplest way and with adequate detail. The illustrations are clear and the index is complete. No student need fear to face his examiners if he has a knowledge of everything set out here; to learn the subject thoroughly he must not be tempted to let good letterpress and clear illustrations be anything more than valuable if it is supplemented by sufficient practice on the living subject: he will find this small book of untold value.

Cunningham's Manual of Practical Anatomy. Three volumes. Tenth Edition. Edited by J. C. BRASH and E. B. JAMIESON. Pp. x., 535. Illustrated. London: Oxford University Press (Humphrey Milford). 1940. Price 15s. each volume.—The general character of this well-known dissector's guide is unaltered, but several pieces of descriptive detail have well been omitted. Surface anatomy, lymph-drainage, relation of structure to function and applied anatomy have all received more attention than in early editions. New radiographs are added and there is an excellent general introduction. Instead of the unsatisfactory B.N.A., the Birmingham nomenclature is used, as accepted now by all British teachers. The binding, printing, illustrations and instructions are excellent. With so many revisions in each edition, it is difficult to see how any student can go wrong in following these three admirable, if rather portly, volumes.

Insect Pests. WM. CLUNIE HARVEY, M.D., D.P.H., and HARRY HILL, A.M.I.S.E. Pp. ix., 292. Illustrated. London: H. K. Lewis & Co. Ltd. 1940. Price 10s. 6d.—Of all the irritating nuisances with which a public health department is called upon to deal, vermin infestation is at once the most troublesome and perhaps the least satisfactory: for complete eradication is seldom achieved without most exacting and expensive measures having to be carried out. The appearance of this book will be welcomed. The authors have set out the essential principles and the proper methods of practice which should do much towards

eliminating this menace to health and comfort. The arrangement of the subject-matter is good. The first part gives lucid details of the appearance, characteristics, and life-history of all the principal insect pests. The second deals with principles and practice of disinfestation and describes elimination of harbourage, gaseous fumigants, insecticides, and methods of control. A chapter is devoted to legislative measures, including ship inspection and disinfestation. The book can be recommended to public health officials, housing managers, and people having control of dwelling-houses, though some mention might have been made of furniture mites. It is well illustrated and, being furnished with a complete index, meets a definite need for those whose duty is the control of insect pests.

Applied Physiology. Seventh Edition. By SAMSON WRIGHT, M.D., F.R.C.P. Pp. xl., 787. Illustrated. London: Oxford University Press (Humphrey Milford). 1940. Price 25s.—Yet another edition of this well-known book, the seventh in fourteen years, has appeared. The revision seems to have been carried out with great thoroughness, and the author is to be congratulated on his success in bringing the various chapters up to date. It is invidious to attempt to single out the best parts of a book which sets a high standard throughout, but one may point particularly to the sections on the circulation; the pages on hypertension and electrocardiography call for special mention. The seventh edition is a hundred pages longer than its predecessor. While this is no disadvantage in itself, the increased weight of the book together with the new slippery binding cover does not make for comfortable holding. This is a small criticism, however, and one is glad to note that the publishers' usual standard is fully maintained. The book will continue to be popular with medical students just before and during their clinical work, as well as with practitioners who want to obtain in a concise form current information on the applications of Physiology to Medicine.

Illustrations of Bandaging and First Aid. Compiled by LOIS OAKES, S.R.N., D.N. Pp. viii., 248. Illustrated. Edinburgh: E. & S. Livingstone. 1940. Price 6s.—The book is extremely well produced and the photographs excellent. It is pointed out in the preface that correct positions of the operators are not always shown, nor is support of the limb always shown, *e.g.* the foot, on page 63. The roller bandage to eye, page 147, would not be considered good by many ophthalmic surgeons, who object to an upward bandage as likely to produce pressure. The book is especially useful as it includes first-aid methods, and should prove particularly valuable to instructors of practical classes.

Hæmorrhoids and Their Treatment. By KASPAR BLOND, M.D., translated from the German by E. STANLEY LEE, M.S., F.R.C.S. Pp. vii., 140. Illustrated. Bristol: John Wright & Sons Ltd. 1940. Price 15s.—Injection therapy is now a well-recognized and firmly established method of dealing with certain types of hæmorrhoids and other ano-rectal lesions. This book reveals the author's enthusiasm for this form of treatment, but he is careful to realize that operation must still be the method of choice in some cases. It should prove invaluable

to those who favour the ambulatory treatment of rectal varicose disease, for the section dealing with the technique of injection is well written and gives a full and detailed account of the methods employed. The main interest in this book, however, lies in the author's attempt to find a satisfactory explanation for the causation of hæmorrhoids. His arguments, stressing the close relationship between ano-rectal varices and the portal circulation are convincing, and should do much to clarify our present knowledge of the pathology and treatment of this condition. The book is attractively produced, the illustrations being excellent.

Manson's Tropical Diseases.—Eleventh Edition. By PHILIP H. MANSON-BAHR, C.M.G., D.S.O., M.D., F.R.C.P. Pp. xvi., 1083. Illustrated. London: Cassell & Co. Ltd. 1940. Price 35s.—This book requires little in the way of commendation. It is now in its eleventh edition revised, and although Sir Patrick Manson in the *envoi* to the first edition in May, 1898, stated that it made no pretension to being anything more than an introduction, and was "in no sense put forward as a complete treatise," the eleventh edition certainly contains all that anyone but the most advanced practitioner could require. Although the chapter on Technique is omitted, this volume contains 150 pages more than the ninth edition, which is the last volume of which the reviewer has a copy. There are excellent chapters added upon Life in the Tropics, the Passing of Candidates, the Problems of Nutrition, etc. Much ancient history has been pruned away to make room for newer work. Wherever one turns in this excellent volume one finds readily accessible and accurate data upon all subjects. Recent work, such as that on the etiology of yellow fever and the treatment of pellagra, to quote only two subjects, is admirably presented. Each edition makes this time-honoured friend a more indispensable *vade mecum* for all practising medicine in warmer climates.

Diseases of the Nervous System. By F. M. R. Walshe, O.B.E., M.D., D.Sc., F.R.C.P. Pp. xiii., 288. Illustrated. Edinburgh: E. & S. Livingstone. 1940. Price 12s. 6d.—Most text-books of neurology devote almost as much space to clinical curiosities as they do to the common disorders, and in addition credit the reader with a knowledge of neuro-physiology that only rarely exists. Dr. Walshe's book can be recommended primarily for the fact that he has purposely avoided these two pit-falls. "Curiosities" are not even mentioned, but the diseases and syndromes surveyed are dealt with clearly and from the clinical approach. The London School of Neurology is a credit to British medicine, and this book in turn is a credit to that school.

Psycho-Analysis. By EDWARD GLOVER. Pp. viii., 139. Illustrated. London: John Bale Medical Publications Ltd. 1939. Price 10s. 6d. **An Investigation of the Technique of Psycho-Analysis.** By EDWARD GLOVER, M.D., with MARJORIE BRIERLEY, M.B., B.Sc. Pp. ix., 188. London: Ballière, Tindall & Cox. 1940. Price 10s. 6d.—Recent years have witnessed an ever-developing interest in psychological medicine, and there has been a corresponding spate of books on the subject. These two recent additions to the bibliography are by one of the leading exponents of the subject in this country, the head of the Freudian school in this country. The first is a useful survey of

the subject and can be recommended to those who desire a fairly detailed exposition. The author recognizes the limitations of this method of treatment, which are certainly very real, but at the same time he presents a well-balanced plea for adequate treatment of the treatable cases. The second book is not of general interest and is devoted to the minutiæ of treatment. The author uses the questionnaire technique applied to his colleagues, but the results are colourless and only occasionally helpful.

Neurosyphilis. By C. WORSTER-DROUGHT, M.D., F.R.C.P. Pp. xiv., 241. Illustrated. London: John Bale, Sons & Staples Ltd. 1940. Price 10s. 6d.—It is always a pleasure to read a book that shows evidence of sound scholarship in the author, and Worster-Drought's neurosyphilis certainly falls into this category. He has covered the whole subject most competently and the references show his knowledge of good Continental and American literature. Although pathology and treatment are dealt with adequately, the book is devoted predominantly to the clinical aspect of the disease. This work can be recommended to all those who need a sound survey of the subject; it is too detailed for the medical student.

The Diagnosis and Treatment of Diseases of the Peripheral Arteries. Second Edition. By SAUL S. SAMUELS, M.D. Pp. xxiii., 372. Illustrated. New York: Oxford University Press. 1940. Price 31s. 6d.—The author has had what must be the unrivalled experience of studying upwards of 500 cases of angiitis obliterans and more than half his book is devoted to consideration of this disease. Of all the cases which he has seen, only five were in women and in only three cases was he compelled to resort to a major amputation. The author stresses the importance of early diagnosis and the advantages of the Pachon oscillometer. He has also elaborated a test for defective circulation in the feet, which is certainly little known in this country. When the legs are raised and the ankle voluntarily flexed and extended rapidly he states that blanching of the soles is observed when even a minor degree of vascular obstruction is present. He emphasizes the readiness with which a good collateral circulation is established, hence the importance of delaying amputation. He also stresses the dire effects of tobacco in this disease and how important it is that its use should be absolutely prohibited. Other vascular diseases are adequately discussed though with less originality than in the case of angiitis obliterans. The book as a whole is well printed, indexed and illustrated, and any medical man will discover in it much to interest him; the time taken to read it will be time well spent.

A Textbook of Dietetics. By L. S. P. DAVIDSON, M.D., F.R.C.P., F.R.S.E., and IAN A. ANDERSON, M.B., Ch.B. Pp. xviii., 324. London: Hamish Hamilton Medical Books. 1940. Price 10s. 6d.—Professor Davidson and Dr. Anderson have produced an invaluable text book of Dietetics. As Sir John Orr says in his "Foreword": "Common sense advice on diet and the application of dietetic measures for the promotion of health and the treatment of disease are well within the competence of doctors properly instructed in the physiology of nutrition." The modern medical student carries far more physiology into the hospital

wards than did his predecessor of forty years back. So, too, the modern practitioner continues to apply his knowledge of physiology in every branch of practice : and in dealing with problems of nutrition and diet he has a solid foundation of physiology upon which to build. A book such as this connects the physiology of nutrition in a fascinating way with the detailed guidance for feeding both in health and in disease. One chapter in particular is most impressive in the clear arguments brought forward to justify the changes that have taken place in recent years in the diet appropriate to renal and urinary tract diseases. The changes have been radical, but the physiological reasons for them are given in the most convincing and intelligible manner. The diet sheets constructed by Miss Mary E. Thomson are admirable in their simplicity, palatability and variety. This is a grand little book for practitioners.

Tomography. J. B. McDOUGALL, M.D., F.R.C.P., F.R.S.E. Pp. ii., 73. Illustrated. London : H. K. Lewis & Co. Ltd. 1940. Price 21s.—" Tomography " is the name adopted in this country for a comparatively recently developed method of X-ray examination whereby different layers or sections of parts of the body can be projected and recorded on films by means of special apparatus. The title of this book is somewhat misleading. It is not a treatise on Tomography, a subject which already has an extensive literature and has daily widening applications, but rather an excellent explanatory atlas. The author's aim is to describe and illustrate the applications of this method mainly in the investigation of diseases of the chest, particularly tuberculosis, a subject in which he has evidently had much experience. There is a brief introductory section on the principles of Tomography with notes on the technique employed by the author using the " Sanitas " machine. The major part of the volume is made up of about 100 radiographs well reproduced, including plain pictures and tomographs, which convincingly illustrate the value of the method in selected cases. To the radiographs of each case are appended valuable short explanatory notes and comments. The author has included a few tomographs from the collection of the late Dr. E. W. Twining (one of the pioneers of the methods in this country) to illustrate its application to other parts of the body. Its fields of application are in fact widening daily, but the technical problems connected with the method are often more elaborate and difficult than the author suggests. At the end of the volume there is a summary and an extensive but incomplete bibliography. This book should be studied particularly by those physicians and surgeons who are concerned with diseases of the chest, in order to acquaint themselves with some of the possibilities of this specialized method of examination.

A Handbook of Radiography. By JOHN A. ROSS, M.R.C.S., L.R.C.P., D.M.R.E. Pp. viii., 126. Illustrated. London: H. K. Lewis & Co., Ltd. 1940. Price 7s. 6d.—This is a handbook for students training to take the Membership Examination of the Society of Radiographers. It is not intended to be a text-book and blank pages are provided for notes. A large part of the book is devoted to the main positions generally employed. These are illustrated by simple line drawings. Special examinations are described briefly, and there is a useful chapter on localization of foreign bodies. Many useful formulæ are given. The general style is clear and brief.

Surgery of the Alimentary Tract. By SIR H. DEVINE, M.S., F.R.A.C.S., F.A.C.S. Pp. xi., 1046. Illustrated. Bristol: John Wright & Sons Ltd. 1940. Price 63s.—This book is probably the most important contribution that Australia has made to surgical literature. It is a record of personal experience on a large scale, and deals unusually fully with the diagnosis of important abdominal diseases when, as so often happens, the clinical picture diverges from that given in ordinary text-books, and disastrous mistakes are likely to be made. The author makes a valuable distinction between the dyspepsias troubling the patient during *filling* of the stomach and those occurring during *emptying*. His remarks on treatment and descriptions of operative technique are very good, and excellently illustrated. The most important of his recommendations is his method of de-functioning the colon as a preliminary to resection for growths or diverticulitis. He accepts the modern teaching that morphia increases the movements of the small intestine and averts paralytic distension of the abdomen. Every surgeon who treats abdominal cases should read this book with care, and though he may not always agree with all the opinions expressed with regard to treatment, he will find them well worthy of consideration. For the practitioner the chapters on Diagnosis are valuable, and may enable him to avoid missing the atypical case that is so apt to be recognized too late, such as pelvic appendicitis, appendicitis in men past sixty, or cancer of the colon without obstruction symptoms. In Australia, apparently, the diagnosis of gall-bladder disease is a good deal complicated by the occurrence of hydatid cysts rupturing into the bile passages.

Pye's Surgical Handicraft. Twelfth Edition. By HAMILTON BAILEY, F.R.C.S. Pp. xii., 595. Illustrated. Bristol: John Wright & Sons Ltd. 1940. Price 21s.—This well-known work is addressed mainly to house surgeons and surgical dressers, but in its new form there is included a considerable amount of exceedingly useful and often required information. Some thirty-eight well-known authorities have contributed sections on different surgical topics. The work is edited by Mr. Hamilton Bailey, who, as is his usual custom, has illustrated it freely with excellent diagrams and photographs. The book is well produced on good paper and the type is easy to read. A few more references at the ends of the sections might have been a small but useful addition. There are one or two short chapters at the end of particular usefulness to house surgeons on hospital administration, certification of death, and medico-legal reports. There are many useful matters included which are somehow often missed in the curriculum. An excellent account is given of modern plaster technique, and the immediate treatment of many of the commoner fractures. The index is good and very complete. The book can be recommended with confidence to any new houseman.

Diseases of the Urethra and Penis. By E. D'ARCY MCCREA, M.D., M.Ch., F.R.C.S.I., F.R.C.S. Pp. vii., 306. Illustrated. Bristol: John Wright & Sons Ltd. 1940. Price 21s.—This is a detailed monograph which covers thoroughly all the commoner and many of the rare conditions found in the urethra and penis. It is a useful reference

work, and it is profusely illustrated with good clear diagrams. At the end of each chapter is a good list of references to other books and papers. The operational diagrams and details are simple and easy to follow. The text is clear and straightforward. The whole work is well produced and printed in good type on high-quality paper. The index is full and well arranged. It is a book to be recommended to anyone seeking special information in this class of case.

Surgery of the Hand. By R. M. HANDFIELD-JONES, M.C., M.S., F.R.C.S. Pp. viii., 140. Illustrated. Edinburgh : E. & S. Livingstone. 1940. Price 15s.—A number of books have appeared in recent years on this subject, which is evidence of its importance. Kanavel's pioneer work is well known and the present volume represents the most up-to-date exposition of the subject, in which it is urged that " finger clinics " should be instituted and encouraged at all large hospitals. As the dedication implies, the author is in entire accord with Kanavel's teaching, and he adopts all the practical suggestions of that surgeon, giving especial importance to the palmar spaces and their infection. He lays great stress on the use of the sulphonamide drugs in the treatment of streptococcal infection and he gives a timely warning against the use of incisions in cases of lymphangitis. Considerable space is devoted to the restoration of function as being the ultimate aim of all surgical treatment. In describing the use of physio-therapy emphasis is laid on the value of radiant heat and the encouragement of active rather than passive movements. The treatment of fractures is described according to the lines laid down by Böhler and Watson-Jones. The book is well illustrated and will be welcomed as a practical guide both by students and practitioners.

Surgery of the Hand. By JOHN HAROLD COUCH, M.B., F.R.C.S. Pp. ix., 147. Illustrated. London : Oxford University Press (Humphrey Milford). 1939. Price 7s.—In the Toronto General Hospital the policy of specialization both in teaching and in practice has been carried very far. For ten years all the surgical staff has made Dr. Couch into an adviser and consultant in hand cases. The Dean, Dr. Gallie, is confident that this policy has been justified by its results. The present book is the outcome of the experience gained in these ten years. It deals, however, with general principles rather than minute details. It is very well illustrated by line drawings, which are models of clearness. It is remarkable that so much practical knowledge can be imparted by such a small book. The economic importance of hand injuries and especially of infection is rightly stressed. Details are given of the suture of tendons and nerves and of the principles of amputation. In regard to infection the general lines of Kanavel's work are followed, but there is no mention of the palmar spaces. We have no doubt the book will be of great value to students and practitioners.

Introduction to Pharmacology and Therapeutics. Sixth Edition. By J. A. GUNN, M.D., D.Sc., F.R.C.P. Pp. viii., 242. London : Oxford University Press (Humphrey Milford). 1940. Price 6s.—This is a revised edition of an old and reliable friend. The small volume is in no sense a cram book, but contains a solid foundation for a more detailed

study of pharmacology and therapeutics. Dr. Gunn has had wide experience in teaching his subject to medical students, and unlike some pharmacologists gives much help to the students who of necessity must be acquainted also with the principles of therapeutics. The text-book not only contains a fund of information for students, but is also a valuable book of reference. During recent years increased importance has been attached to the functions of the autonomic nervous system, and the author devotes two chapters to matters relating to this system, and gives practical information concerning those drugs which act on one or other of its branches. Two other important chapters deal with depressants of the central nervous system, and here alcohol and other hypnotics are discussed. We are sure that this new edition will find a place in many libraries.

Second Addendum to the British Pharmacopoeia, 1932. Pp. ix, 22. London: General Medical Council. 1940.—The Second Addendum to the *British Pharmacopoeia*, 1932, is quite short, containing about fifteen monographs and five appendices. Nearly the whole of the monographs represent the embodiment in the *Pharmacopoeia* of vitamin preparations, including halibut liver oil and 50 per cent. emulsion of cod liver oil. In view of the increasing number of vitamin preparations placed on the market by private firms, each with its own proprietary name and arbitrary standard, the recognition of official standards will be welcome. The Addendum includes some modified formulæ for four ointments, legalizing the use of cotton seed and sesame oils during war conditions, and an improved formula for tannic acid ointment. Tetanus toxoid is also included. The entire book represents the current work of the standing Pharmacopeia Committees of the General Medical Council. The appendices embody tests and assays rendered necessary by the inclusion of the new monographs.

Third Addendum to the British Pharmacopoeia, 1932. Pp. viii, 32. London: General Medical Council. 1940.—The Third Addendum is essentially a war product, although in some ways its innovations may possibly mark a milestone in chemical materia medica. The war has prompted the inclusion of a number of synthetic chemicals to take the place of their therapeutic equivalents, largely of foreign origin, which have flooded the advertisement pages of the medical and pharmaceutical press ever since the last war. It might be an excellent outcome if the General Medical Council after the war insisted on the disclosure of formulae, clinical examination and trial of all advertised (including ethically advertised) new remedies introduced, also the prohibition of use of multiple names for the same article. The book is made up of the following components: (1) The synthetic compounds referred to above, together with their alleged therapeutic equivalents; (2) Preparations in the main volume of the *British Pharmacopoeia* in which olive oil can be replaced by arachis and one in which white bees wax can be used instead of benzoated lard; (3) A few new preparations are added, namely, aneurin hydrochloride, vitamin B_1, bromethol, injectio leprazoli (injection of cardiazol), and pasta acid tannic. The Addendum as a whole may be regarded as a very useful contribution to the materia medica of the wartime period and later.

[NOTE.—It would require fresh legislation to give the G.M.C. power to do this.—ED.].

Editorial Notes

Nuffield Provincial Hospitals Trust.

A CONFERENCE was held in Bristol, on 11th October, which may well prove to have far-reaching results for the hospitals in this area in the future. It was called by the Lord Mayor of Bristol, to meet four representatives of the above Trust, Mr. W. M. Goodenough the Chairman, Alderman W. Hyde the Secretary, Sir Farquhar Buzzard and Dr. A. Q. Wells, the Chairman and Secretary of the Medical Advisory Council. The meeting was held at the Council House and was attended by about eighty persons, representatives of all the medical charities and institutions in the district. Members of the lay committees and medical staffs of the larger hospitals had an opportunity for a further and smaller conference earlier in the day.

An explanation of the Trust and its functions may be necessary. A commission appointed in 1937, by the British Hospitals Association, with Lord Sankey as Chairman, made the following recommendations :—

1. The division of the country into Hospital Regions.

2. The formation in each region of a Voluntary Hospitals Regional Council to correlate hospital work.

3. The formation of a Voluntary Hospitals Central Council to co-ordinate the work of the Regional Councils.

Not much progress, however, was made before the war started, and there was no fund, such as the King Edward's Hospital Fund in the London area, to cater for the needs of the provincial hospitals. The war threatened the very foundations of the voluntary hospitals. At this juncture, at the end of 1939, Lord Nuffield, with his well-known generosity and eye for a great and good cause, announced his willingness to give share units in Morris Motors Ltd. to the value of a million pounds to encourage the development of the regional councils and the hospitals within their sphere of responsibility. A beginning was made in the Oxford district, and the deputation, after careful preparation in which the Lord Mayor (Alderman Burgess) took a great interest, was visiting Bristol to encourage the formation of a regional council here.

After some excellent remarks by the Lord Mayor in which he prayed all present to be willing to think and care for the provision of hospital services as a whole, even if that might not mean the aggrandizement of the particular institution in which they took a personal interest, Mr. Goodenough and Sir Farquhar Buzzard explained the scheme, and invited questions. It was made clear

that the Ministry of Health were in favour of regional councils: what was aimed at was co-operation instead of competition. Municipal and voluntary hospitals should work together as a team. If a beginning were made in Bristol, it would be entirely autonomous; no one had a cut-and-dried plan to foist upon them, and how many of the surrounding counties and neighbouring towns joined in depended on how attractive the scheme could be made. Hospitals with special methods of treatment were not to be asked to abandon these.

The meeting unanimously agreed to accept the proposals, and it was entrusted to the Lord Mayor, the Chairman of the Health Committee (Alderman Milton), and the Chairman of the Board of the Bristol Royal Hospital (Col. P. G. Robinson), to draw up a list of those who should be asked to sit upon the Bristol Regional Council. After votes of thanks to the deputation and to the Lord Mayor, the meeting terminated, getting through its business with no waste of time and a remarkable degree of concord. The new Regional Council will take the place of the Bristol Hospitals Council, which has been in a state of suspended animation for the past year or two.

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Save the Children Fund.

THE Save the Children Fund, founded in 1919, exists to prevent child suffering and to promote child welfare, irrespective of the race, nationality or creed of the children helped. Its war-time work includes the establishment of residential and non-residential nursery centres in collaboration with the Ministry of Health and the Board of Education, and the emergency care of children who are victims of air raids. Its sister organization in the United States, the Save the Children Federation, of New York, announces that an American Medical Association wishes to send funds to assist, through the Fund, the children of British medical men and women who are suffering on account of the war. For particulars apply to Dr. J. A. Nixon, 7 Lansdown Place, Clifton, Bristol 8.

Obituary

NORMAN FRANCIS CLIFFORD BURGESS, M.A., M.D., M.R.C.P., Lieutenant-Colonel R.A.M.C.(T.).

THE death of Norman Burgess on 18th October, 1940, at the early age of 38, has robbed Bristol and the neighbourhood of a distinguished Dermatologist, and his colleagues of a friend whom they held in deep affection. He was born in Bristol and educated at Clifton College, where in 1919 he gained an exhibition at Gonville and Caius College, Cambridge. There, like many other Caius men, he not only studied medicine

but also took the keenest interest in the O.T.C. and raised the University Medical Unit from zero to sixty members. From that time onwards he never lost his zest for the Territorial branch of the R.A.M.C. This interest never led him to slacken his studies and he entered Guy's Hospital from Cambridge as Senior Science Scholar. Subsequently he became Poulton Research Student and Arthur Durham Travelling Student at Guy's, and in 1931 was awarded a B.M.A. research scholarship.

He qualified M.R.C.S. in 1924, took his M.A. together with the M.B., B.Ch. in 1926, and became M.R.C.P.(Lond.) in the same year. He proceeded to the M.D. in 1929. Whilst holding the Travelling Studentship Burgess worked in the University of Pennsylvania, Paris and Vienna.

In 1929 he was appointed Police Surgeon to the Bristol Constabulary and Assistant Physician in the Skin Department of the Bristol General Hospital. On the retirement of Dr. Kenneth Wills in 1932 he was made Physician-in-Charge of the Skin and Light Departments at the General Hospital. He was also Dermatologist at Southmead, Cossham, and the Bristol Homœopathic Hospitals.

The work of the St. John Ambulance Brigade won his wholehearted support and at the time of his death he was Commissioner for Bristol. The Order of St. John of Jerusalem was conferred on him in recognition of this work.

After serving as Regimental Medical Officer to the 4th Gloucesters (T.A.) for many years he was mobilised with that battalion at the outbreak of the war. In June, 1939, he was promoted Senior M.O. to an A.A. Brigade with the rank of lieutenant-colonel.

His published writings were numerous and were typical of his industry and his modern scientific outlook on dermatology.

A man of undoubted push and go Norman Burgess pursued a successful career without inspiring any feelings of envy and in singular friendliness with his own profession. His masterfulness was enhanced by a winning manner and a happy temper. He bore everyone, even fools, gladly, a tribute that cannot always be paid to those who achieve success.

He married, in 1930, Helen Harris, of Hamilton, Ontario, who with one son and two daughters survives him. To his widow and children, and also to his parents, we offer our deepest sympathy.

Meetings of Societies

Bristol Medico-Chirurgical Society.

ONE afternoon session was held on 7th November, when Major C. S. Marriott, M.D., F.R.C.P., and Captain Kekwik, M.B., M.R.C.P., of the Army Blood Transfusion Service spoke on the "Uses and Abuses of Blood, Plasma, and Intravenous Salines."

It is hoped occasionally to hold afternoon meetings during the coming session.

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The Medical Library of the University of Bristol

WITH WHICH IS INCORPORATED

The Library of the Bristol Medico-Chirurgical Society

The following donations have been received since the publication of the list in July, 1940.

November, 1940.

Messrs. John Bale & Staples, Ltd. (1)	1 volume.
Dr. C. C. Easterbrook (2)	1 volume.
Professor E. W. Hey Groves (3)	8 volumes.
Michell Clarke Fund (4)	3 volumes.
Munro Smith Fund (5)	1 volume.
Dr. J. A. Nixon (6)	2 volumes.
Royal College of Surgeons (7)	1 volume.

Unbound periodicals have also been received from Dr. T. M. Ling, Dr. T. Milling, Professor C. Bruce Perry, Dr. G. de M. Rudolf, Dr. J. Odery Symes and Mr. E. Watson-Williams.

THE ONE HUNDRED AND SEVENTY-SECOND LIST OF BOOKS

The figures in round brackets refer to the figures after the names of the donors The books to which no such figures have been attached have either been bought from the Library Fund or received through the *Journal*.

Bateman, D.	*Berkeley-Moynihan—Surgeon*	(3)	1940
Boyle, H. H.	*Theory and Treatment of Fractures of the Jaws in Peace and War*	(3)	1940
Browne, F. J.	*Advice to the Expectant Mother* ..	5th Ed.	1940
Cameron, A. T.	*Recent Advances in Endocrinology*	4th Ed. (4)	1940
Clark, A. J.	*Applied Pharmacology*	7th Ed.	1940
Cunningham, D. J. ..	*Manual of Practical Anatomy*	10th Ed. 3 vols.	1940
Dargeon, H. W. (Ed.)	*Cancer in Childhood*	(3)	1940
Dilling, W. J.	*Pharmacology and Therapeutics of the Materia Medica*	16th Ed.	1940
Easterbrook, C. C. ..	*The Chronicle of Crichton Royal*, 1833–1936	(2)	1940
Fearon, W. R.	*An Introduction to Biochemistry* ..	2nd Ed.	1940
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L.R.C.P., M.R.C.S.—*Final Examination. Pass: In Surgery:* J. H. G. Morris. *In Midwifery:* G. Schwizer, B. C. E. Aldous. *In Pathology:* A. G. Farr,* K. A. Hall.*

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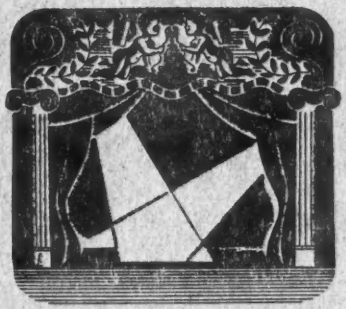

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